

Sheet _____ of _____

Desktop Mount (Optional)

P9906 5

Application Number

09/411,400

TORST ULRICH CELLERT

Filing Date

October 4, 1999

Group Art Unit

(Use several sheets if necessary)

**EXAMINER
INITIAL**

DOCUMENT NUMBER

DATE _____

NAME _____

CLAS

SUBCLIN

FILED DATE
IF APPROPRIATE

S.S

4	6	6	3	8	1	1
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May 12/87 Geller't

55

4	8	6	5	5	3	5
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Sept. 12/89 Gellert

S.S

4	9	0	0.5	6	0
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Feb. 13/90 Trakas

3.5

5	7	0	4	1	1	3
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Jan. 6/98 Mak

DOCUMENT NUMBER

DATE _____

COUNTRY

CLASS

SUBCLASS

Translation

YES	NO
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BEST AVAILABLE COPY

EXAMINER

DATE CONSIDERED

EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to the applicant.

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